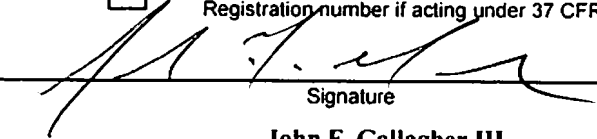


Under the paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2006 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i> | Docket Number (Optional) 788-20 PCT US (R-7450) | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|-------------------------|---------------|-------------------------|--|--|-------|------|----------|--|-------|-------|---------------|---|--------|-------|----------|--|--------|-------|----------|--|--------|--------|----------|
| Application Number 10/522,452 | Filed June 9, 2005 | | | | | | | | | | | | | | | | | | | | | | | | |
| For METHOD AND APPARATUS FOR SCANNING CONFOCAL ACOUSTIC DIAGNOSTIC FOR BONE QUALITY | | | | | | | | | | | | | | | | | | | | | | | | | |
| Art Unit 3768 | Examiner BOR, Helene Catherine | | | | | | | | | | | | | | | | | | | | | | | | |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. | | | | | | | | | | | | | | | | | | | | | | | | | |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 20%; text-align: center;"><u>Fee</u></th> <th style="width: 20%; text-align: center;"><u>Small Entity Fee</u></th> <th style="width: 20%;"></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="text-align: center;">\$120</td> <td style="text-align: center;">\$60</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: center;">\$460</td> <td style="text-align: center;">\$230</td> <td style="text-align: right;">\$ <u>230</u></td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: center;">\$1050</td> <td style="text-align: center;">\$525</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: center;">\$1630</td> <td style="text-align: center;">\$815</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: center;">\$2220</td> <td style="text-align: center;">\$1110</td> <td style="text-align: right;">\$ _____</td> </tr> </tbody> </table> | | | <u>Fee</u> | <u>Small Entity Fee</u> | | <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | \$ _____ | <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$460 | \$230 | \$ <u>230</u> | <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1050 | \$525 | \$ _____ | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1630 | \$815 | \$ _____ | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2220 | \$1110 | \$ _____ |
| | <u>Fee</u> | <u>Small Entity Fee</u> | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | \$ _____ | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$460 | \$230 | \$ <u>230</u> | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1050 | \$525 | \$ _____ | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1630 | \$815 | \$ _____ | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2220 | \$1110 | \$ _____ | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> A check in the amount of the fee is enclosed. | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-4053</u> . I have enclosed a duplicate copy of this sheet. | | | | | | | | | | | | | | | | | | | | | | | | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | | | | | | | | | | | | | | | | | | | | | | | |
| I am the <input type="checkbox"/> applicant/inventor. | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>47,234</u> | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____ | | | | | | | | | | | | | | | | | | | | | | | | | |
|  _____ Signature | March 10, 2008 _____ Date | | | | | | | | | | | | | | | | | | | | | | | | |
| John F. Gallagher III _____ Typed or printed name | (516) 228-3565 _____ Telephone Number | | | | | | | | | | | | | | | | | | | | | | | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Total of _____ forms are submitted. | | | | | | | | | | | | | | | | | | | | | | | | | |